



# Health & Well-being of NHS Workforce

## NHS Recruitment Conference

### Mancs 2010

Dr Steve Boorman  
Director CR and Chief Medical Adviser Royal Mail Group

NHS Workforce HWB- Lead Reviewer

# This session!

- Background to the 2009 review and its outcomes
- The case for change – why is staff HWB important to the NHS in 2010?
- Key elements of change needed and what has happened since review was published
- NB I speak as the independent specialist asked to provide recommendations and not as a DH / NHS representative!

# The NHS H&WB Review

## Background to the Review

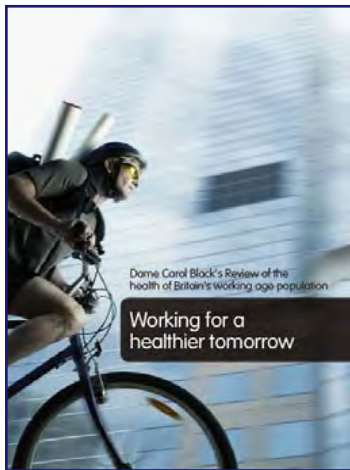
The review was commissioned:

- Following Dame Carol Black's report on the health and well-being of the working age population '*Working for a healthier tomorrow*' (March 2008)
- As part of the Government's response '*Improving health and work: changing lives*' (November 2008)
- As a key initiative underpinning the '*NHS Constitution*' and the staff pledges it contains (January 2009)
- Scope covered England but deliberately visited Scotland and Wales!
- Dr Steve Boorman appointed as the Lead Reviewer end Jan 09 – final report delivered Nov 09



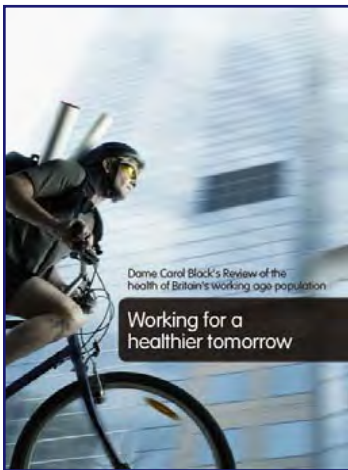
# Timing!

- I do firmly believe the review was undertaken at an opportune time
- Background of support for Dame Carol's findings



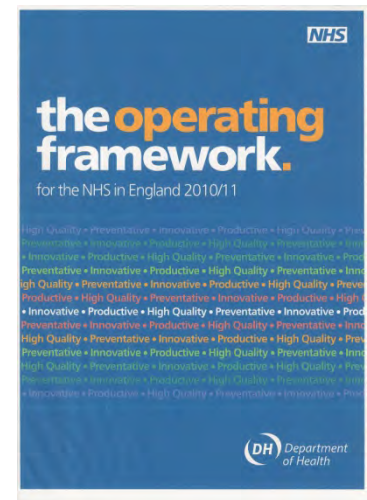
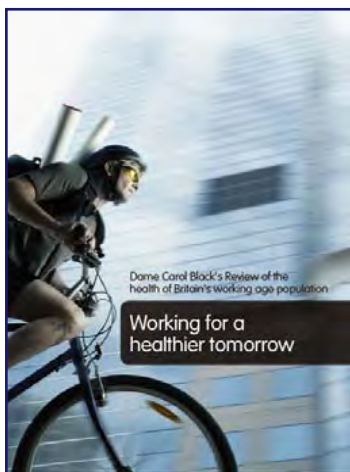
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- NHS Constitution – key pledges



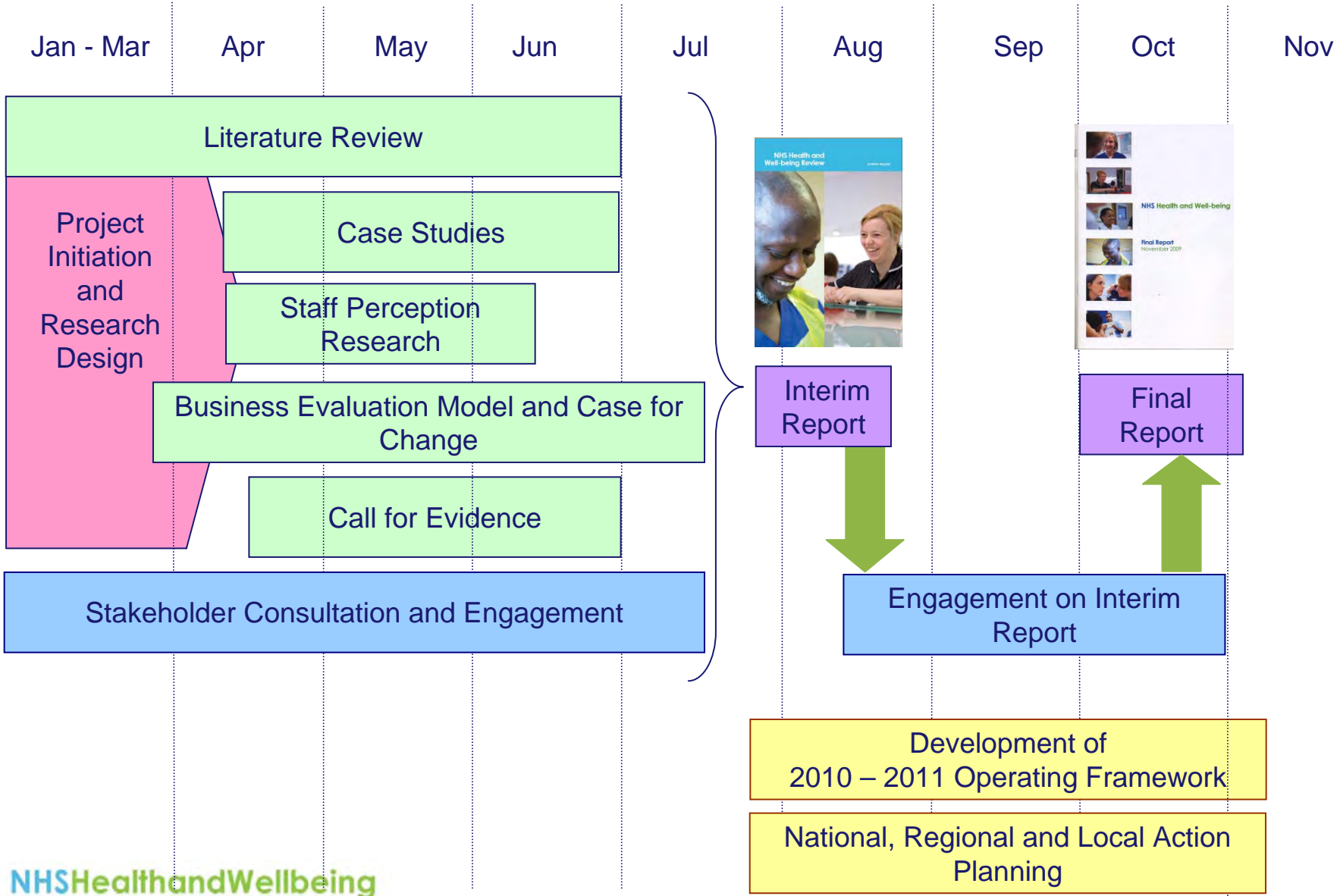
# Timing!

- I do firmly believe the review was undertaken at an opportune time
- Background of support for Dame Carol's findings
- NHS Constitution – key pledges
- A crucial Operating Framework and major challenges ahead for NHS



# The NHS H&WB Review

## Programme Plan



# Interim Report

Sources of Evidence ..... Final report tested this data with nearly 1000 NHS staff

Evidence and recommendations developed from ...

Literature Review and Case Studies

Existing UK and international journals, datasets and reports  
Telephone interviews with case study organisations

Staff Perception Research

Nearly 11,500 completed responses  
18 Discussion Groups across 8 SHAs

Benefit Evaluation Model

Data from the Healthcare Commission, NHS Staff Survey, Care Quality Commission, NHS Pensions, ESR, Annual Health Check

Call for Evidence

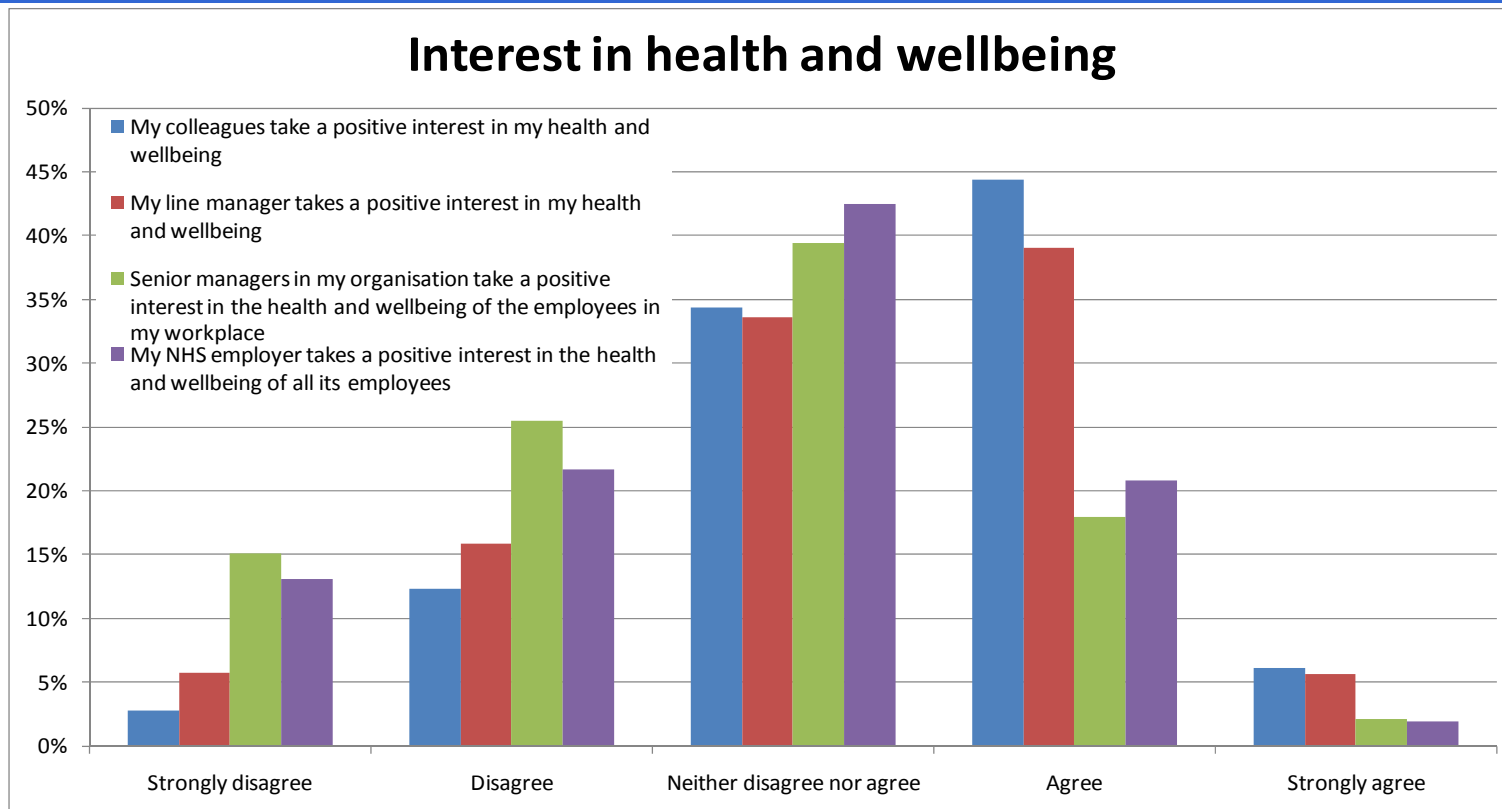
- Over 200 electronic contributions to the interim and final report
- Stakeholder interviews, meetings & workshops

Expert Advice

Experts from wide range of specialist, leadership and key stakeholder groups formed advisory and reference groups

# Leadership and Staff Engagement

## A worrying initial finding!



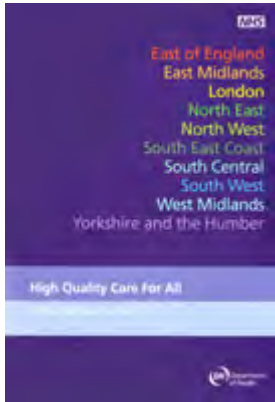
*“Research carried out in the NHS as part of the Health at Work in the NHS programme, run from 1992 to 2002, showed that action to improve staff health and welfare was most successful where it was high on the management’s list of priorities and where the action taken was integrated with other management action.”*

Respondent, NHS Employers

# Why Health and Well-being?

We tried to articulate a case for change – seeking higher priority for staff health

Healthy workforce essential for the NHS to meet 21<sup>st</sup> Century challenges and deliver Lord Darzi's vision of High Quality Care for All



- Rising demand driven by demographics and increasing expectations
- Imperative to deliver better quality care
- £20bn savings<sup>1</sup> can only be delivered by a healthy and productive workforce
- Innovative approaches required to address additional pressures on staff
- Keeping communities well needs prevention as a key workforce skill

NHS Constitution gives legal rights to:



- Patients and public – quality of care
- Staff – rewarding jobs in a healthy and safe environment

NHS cornerstone of Government response to Dame Carol Black



- NHS should be an exemplar of workplace health
- Improving staff health can improve the health of the general population

# Why Health and Well-being?

## Impact of poor health and well-being

### Current staff health and wellbeing<sup>1</sup>:

- 10.3 million working days lost per year
- Equivalent to 45,000 FTEs
- Costing £1.7 billion<sup>1</sup>

### Reducing absence by a third<sup>7</sup>:

- 3.4 million days gained
- 14,900 additional FTEs for patient care
- Annual savings of £555m

*Total savings likely to be higher when indirect costs of absence taken into account*

Trust Type	Current Reality		Across the NHS, reducing overall absence by 33% would result in		An average sized Trust, moving from lower quartile to upper quartile, would gain <sup>8</sup> :	
	Rate of absence <sup>6</sup>	Range across Trusts	Additional FTEs per year	Annual savings	Additional FTEs per year	Annual savings
Overall <sup>1</sup>	4.48%	1.75% - 7.42%	14,900	£560 million	48	£1.8 million
Ambulance <sup>2</sup>	5.76%	4.17% - 7.42%	600	£21 million	37	£1.3 million
Mental Health <sup>3</sup>	5.24%	1.95% - 6.91%	2,400	£83 million	39	£1.4 million
PCT <sup>4</sup>	4.43%	1.91% - 6.17%	2,800	£98 million	14	£485,000
Acute <sup>5</sup>	4.17%	1.75% - 6.17%	8,800	£340 million	42	£1.6 million

# Why Health and Well-being?

These tables are in danger of being taken out of context!

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Whilst we showed private sector trend as comparator, the one third figure was based on scale of existing variation in NHS organisations and experience of a number of NHS organisations that had targeted and achieved this scale of improvement

# Why Health and Well-being?

## Impact of poor health and well-being

These numbers look comparatively modest in terms of absolute resource prize and £s ..... But data on perceived overload, issue of agency cover, links to presenteeism and the “ambulance man scenario” ..... Convince me this could make a real difference

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# Interim Report

## The Case for Change

### Correlation between HWB performance and outcomes

	Trust A	Trust B	Trust C	Trust D
Absence Rate	4.21%	4.04%	4.58%	4.70%
Turnover Rate	10.5%	9.79%	11.65%	17.02%
Agency Spend	1.70%	2.96%	1.71%	4.57%
Patient Satisfaction	78.9	76.4	77.4	67.5
MRSA rate	0.65	0.88	1.56	0.95
Health Check – Quality of Services	Excellent	Excellent	Weak	Fair
Health Check – Use of Resources	Excellent	Excellent	Weak	Weak

# Interim Report

## The Case for Change

In future – stronger data on impact on key NHS outcome measures is needed to secure resources to support staff well-being

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# Health of NHS Employees

## Data Modelling

Some early modelling on the staff perception survey responses provided some interesting conditional probabilities relating to lifestyle

Smoking as a risk factor for SA	<b>Non Smoker</b>	<b>Smoker</b>	<b>Heavy Smoker</b>
Likelihood of absence	30%	59%	n/a
Likelihood of absence for a period greater than one day	34%	54%	59%

Smokers do have more sickness absence

And NICE has evaluated smoking cessation effectiveness

# Health of NHS Employees

## Data Modelling

Some early modelling on the staff perception survey responses provided some interesting conditional probabilities relating to lifestyle

Exercise and sickness	No Exercise	Regular Exercise
Likelihood of no absence in non-smokers	57%	65%

But exercise was difficult with demanding jobs

But arrangements didn't always make it easy!

# Health of NHS Employees

## Data Modelling

HWB is not exclusively a clinical issue

Management capability and actions	Listened to	Not Listened to
Likelihood of absence	34%	54%

Respected

Appraisals

Return to work

# Compliance with recognised guidance

- Mental health ..... Improvement notices?
- Clinical ..... smoking cessation, OHCEU audits of practice
- Sickness absence management
  
- Basic risk management! – risk assessment of impacts of work on health and data on work related ill health!?
  
- These are all easy to highlight but challenging to address in a complex environment such as the NHS!

# Final Report

## Key recommendations

- 3 areas of focus
- Organisational behaviours and performance
- Achieving an exemplar approach
- Embedding staff health and well-being in NHS systems



# Final Report

## Improving Organisational Behaviours and Performance

Recommendations	Included in Response
NHS to provide staff H&WB aligned to public health initiatives and focused on prevention	<b>Trusts to:</b> <ul style="list-style-type: none"><li>▪ commission 'exemplar' H&amp;WB services</li><li>▪ review OH priorities, ensure resources focus on prevention and common disorders - MSK and mental ill-health</li><li>▪ give managers access to training and tools to deal with staff H&amp;WB and in particular mental ill-health</li><li>▪ assign Board level responsibility for H&amp;WB strategy and delivery</li></ul> <b>DH to:</b> <ul style="list-style-type: none"><li>▪ prioritise staff H&amp;WB in 2010-11 Operating Framework and set expectation that trust implement review recommendations</li><li>▪ commission data analysis at SHA level</li><li>▪ ensure ESR supports staff H&amp;WB data needs</li></ul>
Leaders equipped to recognise link between staff H&WB and performance, and delivery judged	
NHS to implement strategies for tackling health and lifestyle issues which affect staff H&WB	
NHS to implement national guidance on mental health and well-being at work	
Staff H&WB at heart of NHS work with Board level champion and senior managerial support	
Staff H&WB integral to national leadership development and performance assessment	
Managers to have skills and tools to support staff with mental health problems	

# Final Report

## Achieving an Exemplar Service

Recommendations	Included in Response
NHS to ensure H&WB strategies include legal obligations, risk factors and key health needs	<p><b>Trusts to:</b></p> <ul style="list-style-type: none"><li>▪ build capacity to provide early intervention</li><li>▪ invest in physiotherapy and psychotherapy</li><li>▪ consider staff referral where this is not already an option</li><li>▪ re-model pre-employment checks</li><li>▪ provide services consistent with new OH standards due to be launched in 2010</li></ul> <p><b>DH to:</b></p> <ul style="list-style-type: none"><li>▪ establish IT alignment and data sharing to facilitate staff transfer minimising OH burden</li><li>▪ identify system changes needed to support staff H&amp;WB working in partnership with SPF</li><li>▪ promote national understanding of the business case for investing in staff H&amp;WB</li><li>▪ work with CQC to incorporate staff H&amp;WB in annual staff survey</li></ul>
Trusts to ensure they provide early intervention H&WB services for MSK and mental ill-health	
Trusts to provide H&WB services to national standards as well as to meet local needs identified through staff engagement	
Staff engagement to exceed legislative requirements and be credible and meaningful	
Trusts to ensure H&WB strategies developed using meaningful engagement, risk and needs assessments are properly resourced	
Core early intervention to form part of nationally agreed minimum service specifications and standards	

# Final Report

## Embedding Staff H&WB in NHS Systems and Infrastructure

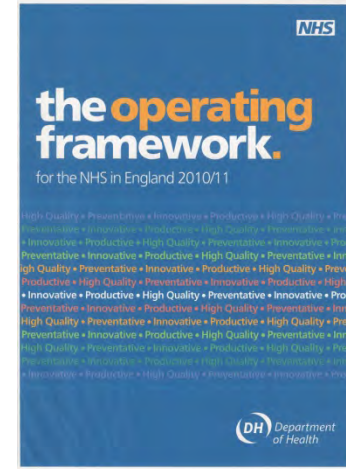
Recommendations	Included in Response
The Operating Framework to establish requirement for staff H&WB to be included in national and local governance frameworks	<p><b>Trusts to:</b></p> <ul style="list-style-type: none"><li>▪ Exploit benefits of ESR in managing sickness absence</li><li>▪ Use staff survey H&amp;WB results to address areas for concern in partnership with staff</li></ul> <p><b>DH to:</b></p> <ul style="list-style-type: none"><li>▪ Ensure expectations included in Operating Framework and establish arrangements for implementation and sharing best practice</li><li>▪ Seek improved support for staff H&amp;WB through commissioning arrangements and associated assurance arrangements</li><li>▪ Ensure assurance and monitoring arrangements in place at national, regional and local levels</li><li>▪ Undertake longitudinal cohort study to evaluate staff H&amp;WB support over long term</li></ul>
CCQ / Monitor to include support for staff H&WB in assessments and in-year monitoring	
Develop approach to supporting staff H&WB in partnership with staff and trade unions	
Staff H&WB strategy developed based on staff engagement to be routinely monitored, reported and discussed with staff and their representatives.	
Staff H&WB services to be available on an equitable basis to all staff	
Delivery of staff H&WB services properly monitored and regularly assessed and reviewed	

# Engagement Feedback

## Staff and Public Health Issues

The key staff and public health priorities centre on:

- **Contributing to getting 2 million people more active**
  - NHS 'activity challenge'
- **Achieving further reductions in smoking**
  - NHS challenge to reduce staff smoking prevalence in line with national targets
- **Achieving reductions in adult drinking**
  - Active participation in Coalition for Better Health and related alcohol interventions
- **Reversing the rise in adult obesity**
  - Healthy food initiatives, such as 'Healthier Food Mark'
  - NHS challenge to reduce obesity in staff
- **Improving mental health and well-being**
  - Prioritise addressing mental health issues



# Calling it like it was found!

- NHS is a very large employer and its workers “touch” a huge part of the population in terms of influence on public health
- Is it reliable and robust to have completely different approaches in similar organisations delivering broadly the same thing ..... risk assessment?
- Statutory duties – HS@W, specific legislation and discrimination!
- Constitution – fine words or a reality!
- Quality agenda – productivity and efficiency needs
- Is a prevention agenda credible from “cobblers children”?
- In many NHS organisations a significant change is needed in OH approaches

# What are the key issues for NHS OH

## My view – inevitably much generalisation!

- Inconsistent – variability of staffing, resources, approaches, access to systems (why do organisations delivering similar outputs have such markedly different OH needs ..... They don't! ..... System is vulnerable)
- Perception – many examples of excellent results, but overall image or brand ..... poor awareness of what you do, experience skewed by “hurdle contacts”, sickness absence support poorly understood as an employee benefit
- Visibility – both to staff and to leaders (consider Aintree)
- Inefficiencies – protocols, history, SLAs and specifications
- Infrequent use of intelligent system support – nature of work

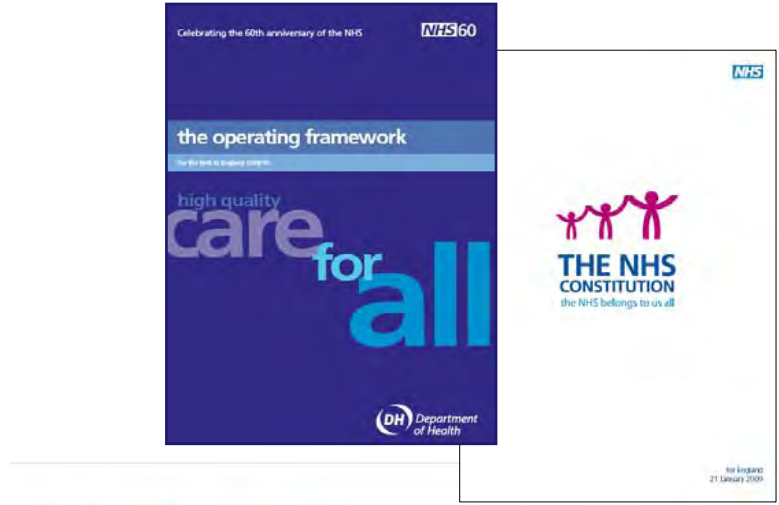
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## My view 2

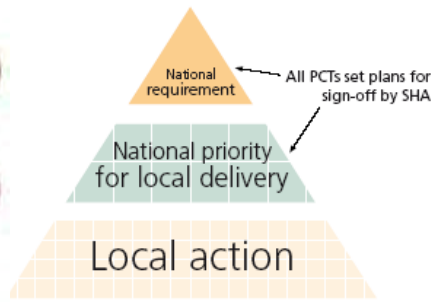
- Chasing income – not always to benefit of NHS staff in host trust (profitability and use of income not always clear)
- Access – 24/7 and needs of hugely diverse workforce, complexities of delivering to smaller units, and non NHS centred staff – eg social care and PCTs
- Some but not enough strategic partnerships – fewer larger better resourced units, singleton practitioners risk isolation and coverage is currently inadequate
- Staffing reflects history and a 2010 model of OH needs designing based on zero based assessment – significant opportunity to challenge traditional medical model and develop OH technicians, physio, OT, health promotion etc, which should advantage not disadvantage OHPs / OHNs

# Political change

- Health Sec and Shadow have explicitly supported
- Operating framework now contains
- DCB profile continues – DWP and DH agendas
- Unions support
- NHS Employers support
- Highest level support in DH Workforce Directorate

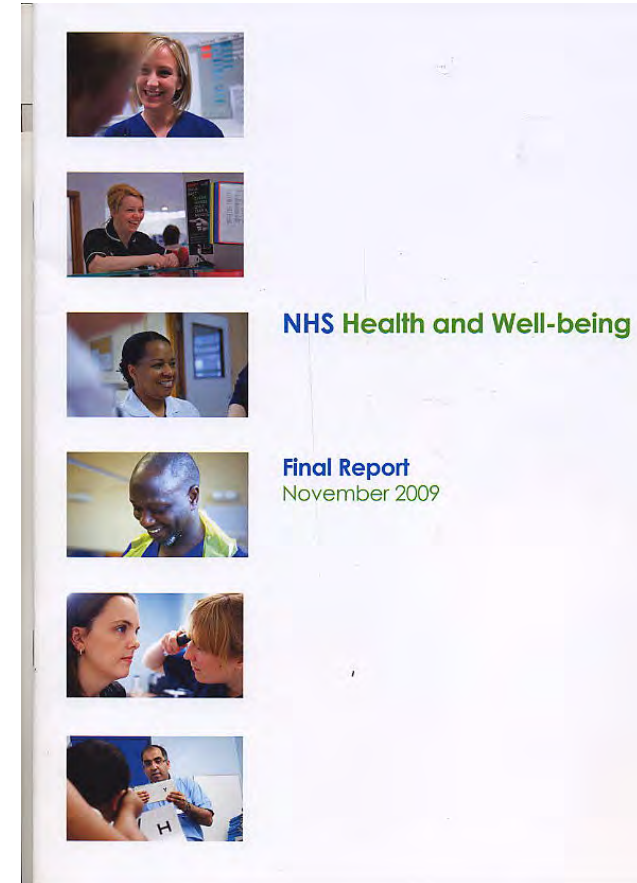


## worldclasscommissioning



the operating framework. vital signs.

- Led from top – operating framework, commissioning and regulatory frameworks
- Management capability and development
- Addressing the key health priorities – especially mental health and physical fitness
- Strategic consistent HWB framework involving staff – preventative focus
- Prompt effective treatment services
- NHS as a lead exemplar!





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